

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

782849
74-0654

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Janey DE
MOR

State
No.

13634

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME 1. James Pesdan			SEX 2. male	DATE OF DEATH (MONTH, DAY, YEAR) 3. June 10, 1974
RACE 4. white	AGE—LAST BIRTHDAY (YEARS) 5a. 81	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. July 10, 1892
CITY, TOWN, OR LOCATION OF DEATH 7b. Gary		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. 3988 Buchanan St.	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Poland		CITIZEN OF WHAT COUNTRY 9. U S A	MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10.	
SOCIAL SECURITY NUMBER 12. 317-09-2038 A		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. retired steelworker		KIND OF BUSINESS OR INDUSTRY 13b. Youngstown Sheet & Tube Co
RESIDENCE—STATE 14a. Ind.	COUNTY 14b. Lake	CITY, TOWN OR LOCATION 14c. Gary	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. yes	TOWNSHIP 14e. Calumet
STREET AND NUMBER 14f. 3988 Buchanan St.		14g. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or date of service) no		14h. IS RESIDENCE ON A FARM? no
FATHER—NAME FIRST MIDDLE LAST 15. ANTHONY PESDAN		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Marie Czarnota		
INFORMANT—NAME 17a. Elaine Kwilasz		RELATIONSHIP 17b. daughter	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17c. 639 Van Buren St. Gary, Ind.	
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				
18. IMMEDIATE CAUSE				
(a) <i>Acute myocardial infarction</i> <i>Immediate</i>				
DUE TO, OR AS A CONSEQUENCE OF:				
(b) <i>Peripneumonia</i>				
DUE TO, OR AS A CONSEQUENCE OF:				
(c) <i>Arteriosclerosis kidney disease</i>				
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)				
DATE & TIME OF DEATH 20. June 10 1974			DATE SIGNED 21a. June 13 1974	PHYS. CODE NO.
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE 22a. Dr. E. Mirich		SIGNATURE OF PHYSICIAN 22b. <i>E. Mirich</i>		PHYS. CODE NO.
MAILING ADDRESS—PHYSICIAN 23. 500 W. Lincoln Highway		CITY OR TOWN Merrillville, Ind.	STATE Ind.	ZIP
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. burial		CEMETERY, CREMATORY, FUNERAL HOME 24b. Calumet Park Cem.	LOCATION 24c. Merrillville, Ind.	STATE Ind.
DATE (MONTH, DAY, YEAR) 24d. June 13, 1974		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. Stillnovich, Palmer & Wiatrolik 113 Broadway Gary Ind		
HEALTH OFFICER—SIGNATURE 25b. <i>[Signature]</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 26b. JUN 17 1974	

121310-84
The north 40 feet of south 80 feet lot 5 Block 2
Just S.W. of Calumet Park, Gary
P. B. 11 page 17 # H-6-131-13

FOR TITLE INSURANCE
NOV 30 1984
FUNDAL DIRECTOR'S SIGNATURE
ERWIN B. COOK
FUNDAL DIRECTOR'S SIGNATURE
John Palmer

Disposition Permit Issued / /

Provisional Certificate
 Yes No

HEALTH DEPT

RECEIVED

James H. ...
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE JUN 17 1974